Poland

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SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Poland reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

*The government information was thought to be accurate for **64.0%** of items.*

Survey points marked "accurate": 1.3, 2.1, 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.4, 4.5, 4.6, 4.7, 4.8, 4.10, 5.3 and 5.5.

*The government information was thought to not be accurate for **36.0%** of items.*

Survey points marked "not accurate": 1.1, 1.2, 2.2, 3.5, 4.3, 4.9, 5.1, 5.2 and 5.4.

Survey comments from the Department of Infectious Diseases, Wroclaw Medical University:

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**4.2** The government has not established the goal of eliminating hepatitis B.	*Vaccination of all newborns and pregnant women is done, but people with hepatitis B do not have sufficient access to treatment.*
	4.10 The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.	*There are no guidelines regarding hepatitis E.*
To our knowledge, this information is not accurate.	**1.1** There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.	*Panel of experts is preparing the national strategy – Polish Experts Group.*
	4.9 There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.	*Only NGOs carry out needle exchange programmes. There are not enough methadone programmes. Methadone is financed by national authorities – the National Health Fund.*
	5.1 Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training and postgraduate training. There are national clinical guidelines for the management of viral hepatitis, but they do not include recommendations for cases with HIV coinfection. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.	*There are national guidelines regarding coinfections.*

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
✕ *To our knowledge, this information is not accurate.*	**5.4** Publicly funded treatment is available for hepatitis B and hepatitis C. Publicly insured patients are eligible for this based on medical indications. The government spent Zl 65.5 million (US$ 20.1 million) on publicly funded treatment for hepatitis B in 2011. The amount spent by the government on such treatment for hepatitis C is not known.	***The amount spent is low and does not cover the needs. People get drugs (pills) for hepatitis B infection for one to two years and it is not prolonged. People with hepatitis C are treated inadequately. Only a minority get protease inhibitors.***

Statement from the Department of Infectious Diseases, Wroclaw Medical University regarding key hepatitis policy issues in Poland:

There are financial problems – there is not enough money in the "Kranken Kasse" to cover treatment for all who need it.

People need to wait for therapy. Or for hepatitis B the treatment is limited to one or two years. Increase the number of people in whom preventive procedures should be introduced. The government needs to take more responsibility for preventive procedures.

Poland

Polish Association for the Study of the Liver*

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SURVEY HIGHLIGHTS

TThe respondent reviewed 25 items of information that the government of Poland reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

*The government information was thought to be accurate for **68.0%** of items.*

Survey points marked "accurate": 1.1, 1.2, 2.1, 2.2, 3.2, 3.4, 3.5, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.10, 5.1 and 5.5.

*The government information was thought to not be accurate for **32.0%** of items.*

Survey points marked "not accurate": 1.3, 3.1, 3.3, 4.1, 4.9, 5.2, 5.3 and 5.4

Survey comments from the Polish Association for the Study of the Liver:

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**1.1** There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.	*A plan for the prevention and eradication of hepatitis C infection in Poland was prepared several years ago and annually updated by the Polish Group of Experts which is a joint initiative of experts from the Polish Association for the Study of the Liver and the Polish Association of Infectiologists and Epidemiologists. Unfortunately this initiative is constantly ignored by the Ministry of Health.*
	1.2 There is no designated governmental unit/ department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.	*As a matter of fact there is no government institution which work on the hepatitis issue. All activities are carried out by medical societies and patient advocacy groups. The only epidemiological studies which provide information on the prevalence of hepatitis B and hepatitis C were carried out by medical societies.*
	2.2 The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.	*It is definitely true.*
	3.2 There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 2% are reported as "undifferentiated" or "unclassified" hepatitis.	*This reporting is within the regular system of the reporting of deaths from all causes.*

* World Hepatitis Alliance member.

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**5.5** The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon, lamivudine, adefovir dipivoxil, entecavir and tenofovir. The following drugs for treating hepatitis C are included on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon and ribavirin.	*This is true, but it should be mentioned that access to these drugs is limited by an annually limited reimbursement.*
To our knowledge, this information is not accurate.	**1.3** The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers); people who inject drugs; people living with HIV; household contacts and other contacts of hepatitis B-infected persons; pre-surgical patients; and people at risk due to lifestyle, occupation, age and chronic diseases.	*Definitely there are no such programmes supported financially by the government or the National Health Fund (responsible for the national insurance programme). Of course these groups receive assistance from health care providers, but the majority of these activities are not reimbursed or reimbursement is limited.*
	3.1 There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: *A, B, C, D and E*. There is a national surveillance system for the following types of chronic hepatitis: *B, C and D*.	*This is a misunderstanding. Government recognises as "surveillance system" voluntary reporting of hepatitis cases by physicians. So this is passive system. There is no active surveillance programme based on the screening of high-risk populations. As a result, for example according to studies carried out by the Polish Group of Experts, there have now been up to 30,000 cases of hepatitis C diagnosed, whereas up to 700,000 people are antibody-positive for hepatitis C and about 200,000 are actively viremic (HCV RNA-positive) (0.6% of the population). These data were published in the European Journal of Gastroenterology & Hepatology. For other hepatotropic viruses there are no such data. The data collected by the National Institute of Health – recognised as a surveillance system – provide just a reporting rate and not a prevalence rate.*
	3.3 Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not. The government publishes hepatitis disease reports. Information was not provided on how often these are published.	*Definitely there is no national registry for hepatocellular cancer. The information provided is misunderstanding, because it looks like the government representative who completed the survey confused the voluntary reporting system that exists in Poland with a register which contains all crucial data about particular patients. Of course data on hepatocellular carcinoma and hepatitis patients are collected by the National Health Fund but they are not analysed and not provided upon the request of medical societies or even pharmaco-economic agencies. Hepatitis reports mentioned by the government are compilations of reporting (not surveillance) system described in our previous comment for point 3.1.*

Poland

Polish Association for the Study of the Liver continued

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
✕ *To our knowledge, this information is not accurate.*	**4.1** There is a national hepatitis A vaccination policy.	*There is **definitely** no such policy. Somebody probably mixed a national policy with the so-called "recommended vaccination programme" that includes hepatitis A vaccination as recommended.*
	4.9 There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.	*There is no government-reimbursed programme for hepatitis C prevention among people who use drugs.*
	5.2 The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.	***This is definitely false information**. There is no policy for screening and referral for hepatitis B and hepatitis C.*
	5.3 People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but they are free of charge for blood and organ donors, pregnant women, and everyone who has public health insurance and is referred by a doctor. Hepatitis B and hepatitis C tests are compulsory for blood and organ donors.	*The first sentence is false – there is no named registry for HBV and HCV. Also false is: "Hepatitis B and hepatitis C ... are free of charge for .... everyone who has public health insurance and is referred by a doctor." It is the mayor problem – **There is no reimbursement for hepatitis B or hepatitis C** testing by family doctors or specialities other than infectious diseases. It can be reimbursed only for outpatients and hospitals specialising in infectious diseases.*
	5.4 Publicly funded treatment is available for hepatitis B and hepatitis C. Publicly insured patients are eligible for this based on medical indications. The government spent Zl 65.5 million (US$ 20.1 million) on publicly funded treatment for hepatitis B in 2011. The amount spent by the government on such treatment for hepatitis C is not known.	***Very false** information provided. Reimbursement of hepatitis B and C treatment is limited annually. As a result in some centres patients must wait one to two years to start medication. Government spent on hepatitis C treatment about PLN 130 million (about EUR 30 million). Due to complicated and non-evidence-based therapeutic programme for hepatitis C, only 20% of hepatitis C-infected patients are eligible to receive reimbursed triple therapy based on protease inhibitors, whereas according to expert recommendation it should be 80%. The Ministry of Health implemented "worldwide unique" system of patient exclusion based on genetic discrimination (among treatment-naive, only genotype TT for IL28B patients are eligible for triple therapy). Therapeutic programme for HBV medication is based on using lamivudine as a first-line nucleoside analogue. This is off-label and contrary to expert recommendation (Polish, EASL and AASLD).*

Statement from the Polish Association for the Study of the Liver regarding key hepatitis policy issues in Poland:

National coordination. There is no national coordination, just because of lack of goodwill for collaboration between the Ministry of Health and medical societies, experts and patients organisations.

Awareness-raising, partnerships and resource mobilisation. Partnership exists between medical societies, experts and patients organisations. Resources for awareness-raising are not released by the Government at all.

Evidence-based policy and data for action. No evidence-based policy is visible on the government site, which usually is interested in short-term economic issues, even if long-term pharmacoeconomical analysis supports the need to finance viral hepatitis screening and medication.

Prevention of transmission. There is an urgent need for a screening policy to be implemented. At this moment, the Ministry of Health is not interested in supporting any surveillance programme because recent data demonstrated that more than 200,000 people could need immediate medication for hepatitis C, whereas reimbursement is provided for only about 3,000 annually.

Screening, care and treatment. A screening programme should be implemented immediately according to the ready programme created by the Polish Group of Experts, and it could cost no more than EUR 10 million. The reimbursement for hepatitis C medication needs increased by at least 50% immediately and up to 100% by the next year.